

OSUP/F6
R11/24/04

**OFFICE OF STATE UNIFORM PAYROLL
AFFIDAVIT OF LOST PAYROLL CHECK**

CERTIFICATE OF INDEMNITY

I, _____ do hereby certify that I have
(Employee Name)
received my payroll Check No. _____ dated _____
in the net amount of \$ _____. I further certify that I
endorsed said check in blank (Signature Only) after which it was
lost and that I have not received any remuneration for said check.

To my knowledge, the aforementioned check has not been found
and/or cashed; and if found, I promise to return it immediately
to the _____, Employee
(Agency Name)
Administration Unit, _____.
(Agency Address)

I further agree to reimburse the _____
(Agency Name)
the full check amount of \$ _____ if the aforementioned check
is negotiated by me or by any other person should I be issued an
off cycle check. I will in no way cause a loss to the said
Agency/Department because of my negligence in endorsing and
losing my check.

Witness

Employee Signature

Witness

Date